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News from the Executive Director's Office

We are pleased to announce the appointment, effective immediately, of **Lynda Chiu** as Senior Pharmacist, Special Authorization and Special Projects and of **Darlene Arenson** as Senior Pharmacist, Formulary Management.

We are also pleased to welcome **Joan Wallace** as our Special Authorization Supervisor.

PharmaCare's Executive Director, **Suzanne Solven**, will begin maternity leave on March 7, 2005. **Heather Davidson**, currently Executive Director for Strategic Policy and Research with the Ministry of Health Services, will become Acting Executive Director of PharmaCare during Suzanne's absence.

Proton Pump Inhibitors (PPIs) - Independent Academic Review Completed

In 2003, PharmaCare introduced the preferential Proton Pump Inhibitor policy (please refer to the patient information sheet published in June 2003). The policy was aimed at shifting prescribing to the preferred and less costly PPI, rabeprazole. When the policy was introduced, we advised that an independent academic review of the policy would be conducted. That review is now completed.

The report by a joint team of researchers from Harvard Medical School comes to a positive conclusion. The main findings are:

- Almost half of all elderly PPI users switched to rabeprazole.
- There was no increase in the rate of discontinuation of PPI therapy, indicating that routine care was not interrupted.
- There was no increase in the rate of GI bleed or severe peptic ulcer disease leading to hospitalization, indicating that the policy is clinically safe.
- There was a 9% increase in visits to physicians coded as GERD-related three months after the policy change, possibly due to increased follow-up of patients. The total rate of visits to physicians was unchanged.
- The policy produced substantial savings of at least \$2.9 million in patients 65 years or older in the first six months of the policy.





Below is the abstract published in the journal of the American Society of Clinical Pharmacology and Therapeutics, "Clinical Pharmacology and Therapeutics." The full report has been submitted for publication and is being peer reviewed.

CLINICAL AND ECONOMIC CONSEQUENCES OF FORMULARY RESTRICTIONS FOR THREE LEADING PROTON PUMP INHIBITORS.

S. Schneeweiss, MD, ScD, M. Maclure, ScD, C. Dormuth, MA, MS, R. J. Glynn, PhD, ScD, C. Canning, MS, J. Avorn, MD, Brigham & Women's Hospital, Harvard Medical School, Boston, University of Victoria, Boston, MA.

AIMS: We evaluated the clinical and economic consequences of a sharp formulary restriction for three leading proton pump inhibitors (PPIs) in a large-scale natural experiment of all British Columbia seniors.

METHODS: All BC residents 65+ were eligible for publicly funded health care, including drug benefits. The Ministry of Health holds linkable data on all prescription drug dispensings independent of payer, physician services, and hospitalizations. We selected a cohort of all patients who were 66 years or older and used one of the PPIs subject to restriction in the time period 6 months before the policy start (38,426).

RESULTS: The mean age was 76 years and 63% were women. Utilization for the restricted omeprazole and pantoprazole declined sharply after the policy (-9000 daily doses per month per 10,000 and -5700; $p < 0.0001$). The covered rabeprazole increased (+16,000; $p < 0.0001$). There was no increased switching to H-2 blockers or stopping all gastro-protective drugs. 45% of all PPI users switched to the covered rabeprazole. Lower income status and higher price of the PPI were associated with this switching (OR= 1.09 and 1.23). There was no increase in the excess rate of GI bleeds following the PPI restriction ($p=0.97$). There was a delayed increase in GERD-related visit rates (+ 3 per 10,000). Health plan savings were about \$2.9M over the first 6 months of the policy.

CONCLUSIONS: A formulary restriction of 3 leading PPIs led to substantial utilization changes and savings without negatively affecting GI bleed rates.

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CORRECTION - Correct Quantity for Tobii®

In our newsletter of December 22, 2004, under the heading **Reminder - Quantity Errors**, there was an error regarding the correct quantity to use when entering claims for the drug Tobii®.

Please note that Tobii® should be entered as the number of mls (not ampoules).





UPDATE - Refilling Prescriptions on the Same Day - PRN Claims

To respond to programming requirements, PharmaCare has revised the intervention code provided in the December 22, 2004, newsletter for separate compliance packaging of PRN portions. As described in the updated article below, please:

- submit this type of claim under a different prescription number, and
- use the intervention code **MYDG** (Same Product - Billed for Different Rx).

Revised Article

Section 10.4.5 of the PharmaCare/PharmaNet: Policies and Procedures manual states:

"PharmaCare will not provide coverage for multiple prescriptions for the same DIN/PIN at the same pharmacy on the same day for the same patient, unless an appropriate intervention code is entered."

A recent audit of same day/same drug claims revealed that the pharmacist was submitting claims using the "LTC" (Long-Term Care) intervention codes MX or MY to refill a prescription on the same day. The claims were for residents of facilities that were not LTC facilities and the patients were not, therefore, on Plan B.

The difficulty proved to be that these facilities require "compliance packaging" for their residents. Claiming the PRN portion presented a dilemma for the pharmacist when a prescription for a regular dose plus a "take as needed" (PRN) supply was submitted to the pharmacy.

In these cases, pharmacists should dispense the separate compliance packaging of the PRN portion **under a different prescription number**. To permit the correct adjudication of the same day/same patient PRN supply, use the intervention code **MYDG (Same Product - Billed for different Rx)** when entering the claim for the PRN prescription.

Please also remember that the same day fill of the PRN claim, as with any other claim, must be supported by the physician's authorization, which must be retained in your pharmacy's prescription file. Please do not use the intervention codes MX or MY for claims other than those for residents of licensed LTC facilities (Plan B).



